

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011669

STATE FILE NUMBER

APR 6 1955 Registration District No. 317

Primary Registration District No. 543

Registrar's No. 853

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Jennings

Inside Limits  
Yes ☒ No ☐

c. (FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 2048 Wedgewood

Length of stay in lb  
17 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Jennings 4138

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 2048 Wedgewood Dr.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
James Louis Webb

4. DATE OF DEATH  
Month Day Year  
3 29 59

5. SEX  
Male ☒

6. COLOR OR RACE  
White

7. MARRIED ☒ NEVER MARRIED ☐  
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH  
July 7, 1885

9. AGE (in years last birthday) 73  
IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
School Custodian-Ret.

10b. KIND OF BUSINESS OR INDUSTRY  
School

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Anna Webb

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
496-36-7921

17. INFORMANT

Mrs. Anna Webb, 2048 Wedgewood Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infarction myocardium

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.

DUE TO (b)

Coronary Thrombosis

DUE TO (c)

Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒ 2

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
4260

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 9, 1955 to Mar 29, 59 and last saw him alive on Mar 27, 59  
Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
H. H. Dresner

22b. ADDRESS 6000 W. Flannery  
22c. DATE SIGNED Mar 30, 59

23a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

23b. DATE  
4/1/59

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Mem. Gar. St. Louis County Mo.

24. FUNERAL DIRECTOR

Drehmann-Harral

ADDRESS

1905 Union

25. DATE RECD. BY LOCAL REG.

3-30-59

26. REGISTRAR'S SIGNATURE

John C. Murphy, MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. H. H. Siesener  
6000 W. Florissant  
Ev. 3-0127

Hrs. 1-5 Mon.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Warren A. Carver* .....

Licensed Embalmer No. *353* .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.